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<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits. <b>21cv 16</b></p> <p>1. Article Addressed to:</p> <p>EMPIRE HEALTHCHOICE ASSURANCE SERVE: ANTHEM INSURANCE COMPANIES, INC. 120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204</p>  <p>9590 9402 4898 9032 8857 87</p> <p>2. Article Number (Transfer from service label) <b>7014 0150 0001 6645 9267</b></p>	<p>A. Signature <b>X</b> <i>Rick Beckford</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Rick Beckford</i> C. Date of Delivery <i>JAN 25 2021</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
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1. Article Addressed to: BLUECROSS BLUESHIELD ILLINOIS SERVE: HEALTH CARE SERVICE CORPORATION ATTN: CEO BLUECROSS BLUESHIELD TOWER 303 RANDOLPH CHICAGO, IL 60601	B. Received by (Printed Name)	C. Date of Delivery																
 9590 9402 4898 9032 8860 81	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>LR4.2</i>																	
2. Article Number (Transfer from service label) 7014 0150 0001 6645 9311	3. Service Type <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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Tracking Number: 70140150000166459311

Remove X

Your item has been delivered and is available at a PO Box at 5:50 am on January 25, 2021 in CHICAGO, IL 60690.

Feedback

✓ Delivered

January 25, 2021 at 5:50 am  
Delivered, PO Box  
CHICAGO, IL 60690

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Tracking History	∨
Product Information	∨

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<p>1. Article Addressed to:  HEALTH CARE SERVICE CORP.  SERVE: CHIEF EXECUTIVE OFFICER  300 E. RANDOLPH ST.  CHICAGO, IL 60601</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>																
<p>2. Article Number (Transfer from service label)  7014 0150 0001 6645 9519</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No  <i>LR4.2</i></p>																	
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Tracking Number: 70140150000166459519

Remove X

Your item has been delivered and is available at a PO Box at 5:50 am on January 25, 2021 in CHICAGO, IL 60690.

Feedback

✓ Delivered

January 25, 2021 at 5:50 am  
Delivered, PO Box  
CHICAGO, IL 60690

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